

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Americas PAC		FEC IDENTIFICATION NUMBER ▼ C C00559906	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY 08 / 13 / 2014	

Full Name of Payee STARadio		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 13 / 2014	
Mailing Address 329 Maine		Amount 7200.00	
City Quincy	State IL	Zip Code 62301	Transaction ID : SE.4238
Purpose of Expenditure Media Purchase	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Name of Federal Candidate RICHARD J DURBIN		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought 354180.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Studstill Media		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 13 / 2014	
Mailing Address 3905 Progress Blvd.		Amount 28800.00	
City Peru	State IL	Zip Code 61354	Transaction ID : SE.4239
Purpose of Expenditure Media Placement	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014	
Name of Federal Candidate RICHARD J DURBIN		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought 382980.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	36000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Tom Donelson

[Electronically Filed]

Date

MM / DD / YYYY
08 / 14 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Americas PAC		FEC IDENTIFICATION NUMBER ▼ C C00559906	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY 08 / 13 / 2014	

Full Name of Payee WZSR/WSSR		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 13 / 2014	
Mailing Address 8800 US Highway 14		Amount 24000.00	
City Crystal Lake	State IL	Zip Code 60012	Transaction ID : SE.4237
Purpose of Expenditure Media Purchase	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Name of Federal Candidate RICHARD J DURBIN		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	24000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	60000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Tom Donelson

[Electronically Filed]

Date

MM / DD / YYYY
08 / 14 / 2014

Signature